

As a nurse and someone who lost a daughter to cancer, I have seen firsthand essential contributions made by these amazing men and women who monitor and support, deftly guide the delicate treatment regimen. But the House Medicare bill has a provision that will cut half a billion dollars from cancer care in America.

Anyone who thinks you can take this much money away from cancer care and not endanger the quality is fooling themselves. The bill does correct an overpayment for oncology drugs that goes on today. Medicare's system of paying for cancer drugs charges cancer payment and the government too much and doctors too much. There is no disagreement on that or on that it needs to be fixed. But while we have paid too much for cancer drugs, Medicare drastically underpays the oncology practice costs. The oncology community has been using this overpayment for medications as a way to make up for the underpayment in oncology services. And we should fix this overpayment for medications because the patients should not be overcharged for their medications. Of course, Medicare and taxpayers should not be overcharged either. But we also have to make sure oncologists are paid properly for their services.

Cancer care has changed a great deal since the creation of Medicare. In fact, most of cancer care has been developed since Medicare was created, moving out of the hospital and into doctors' offices and clinics where having oncology nurses and support staff are even more important. They are the frontline providers of cancer care, managing therapies and side effects, helping to keep seniors out of the hospital, saving the Medicare program money, providing counseling to patients and their families and conducting clinical trials and research to improve and advance cancer treatment.

Yet, while patients value this high-quality hands-on loving care, Medicare dramatically undervalues and underpays the cancer care given by these nurses, pharmacists, social workers, and lab technicians who are part of the multidisciplinary cancer team.

Without adequate resources, the reality is that physicians will be unable to sustain the provisions of quality care and will reduce their practices or close them entirely. The first services to be let go will be oncology nurses. In addition to cutting funds from cancer care, the new payment system in this bill will make many cancer patients, 60 percent of the seniors on Medicare, go to the oncologists twice as often, frail, sick seniors doing this. It will actually cause cancer patients to pay more out of pocket costs and wait longer for treatment, increasing their health risks. It is so wrong.

The gentleman from Georgia (Mr. NORWOOD) and I joined with the cancer community to craft legislation to resolve inequities in the cancer care system and address concerns about the

overpayment for oncology drugs. And we work hard during the recent markup to try to correct the Medicare bills flawed cancer provision.

Our proposal offers a more accurate payment for oncology drugs and would direct Medicare to establish new payments amounts for physician services related to the treatment of cancer patients, including the added work performed before and after patient visits and consultations. It is so essential. It recognizes the true cost of providing cancer care.

We will all go home after we pass this Medicare bill, and we will have to face our constituents. I, for one, do not want to tell the cancer patients in my district that Congress has decided to curtail their treatment and endanger their care. I hope no one here will.

Just listen to what the cancer community is saying about the House and Senate bills. Ellen Stovall of the National Coalition of Cancer Survivorship says, "Instead of expanding access to life saving drugs, these bills limit access to cancer treatments for some of the most seriously ill Medicare beneficiaries."

Susan Braun of the Susan G. Komen Breast Cancer Foundation says, "The millions of cancer patients in this country who rely upon Medicare need to know that their access to care will be severely disrupted if these bills go through."

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They are going to hold us accountable, and they should.

Mr. Speaker, I hope that all my colleagues will join me in fixing these unfair and shortsighted provisions of this Medicare bill.

The SPEAKER pro tempore (Mr. GARRETT of New Jersey). Under a previous order of the House, the gentleman from California (Ms. WATSON) is recognized for 5 minutes.

(Ms. WATSON addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Ms. JACKSON-LEE) is recognized for 5 minutes.

(Ms. JACKSON-LEE of Texas addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Mr. WEXLER) is recognized for 5 minutes.

(Mr. WEXLER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Arkansas (Mr. BERRY) is recognized for 5 minutes.

(Mr. BERRY addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. BALLANCE) is recognized for 5 minutes.

(Mr. BALLANCE addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. SANDLIN) is recognized for 5 minutes.

(Mr. SANDLIN addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Mr. STRICKLAND) is recognized for 5 minutes.

(Mr. STRICKLAND addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

TIME IS NOW FOR REAL, MEANINGFUL, AFFORDABLE MEDICARE PRESCRIPTION DRUG BENEFIT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. HONDA) is recognized for 5 minutes.

Mr. HONDA. Mr. Speaker, the elderly and disabled have waited long enough for a prescription drug benefit in Medicare and for relief from the high cost of prescription drug prices. While the Republicans have been busy voting on permanent tax cuts, seniors throughout the country have been waiting for Congress to take action on prescription drugs. All seniors need relief from prescription drug prices, and they need it now.

However, the Republican prescription drug bill completely fails the test of a real Medicare drug benefit. The Republican bill has no guaranteed minimum benefit, no guaranteed, affordable monthly premium, and no guarantee of fair drug prices. To add insult to injury, their bill leaves a huge coverage gap. Seniors who need more than \$2,000 worth of drugs must pay one hundred percent out-of-pocket, and keeping paying premiums, until they reach the \$3,500 out-of-pocket cap.

Mr. Speaker, the Democrats have an alternative we hope to offer. Under the Democratic plan, seniors and individuals with disabilities will be able to keep making the choices that matter to them. Seniors won't be forced to join an HMO. They won't have to join a private insurance plan that will restrict their access to needed drugs, deny coverage for the medicine their doctors prescribe, or force them to change pharmacies. And unlike the Republican plan, our plan has no gap—beneficiaries will always have coverage.

Mr. Speaker, the time is now for a real, meaningful, and affordable Medicare prescription drug benefit. Unfortunately, it looks like this Republican-led House won't be providing one anytime soon.